

# DEKALB COUNTY BUSINESS REGISTRATION APPLICATION

Internal Audit & Licensing, 330 W. Ponce De Leon Ave., Decatur Ga. 30031 (404) 371-2461 Fax (404) 371-2946 ACCOUNT # \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	NAICS _____	Class _____	Type _____	H.O.P. _____	District _____	Lot _____	Block _____	Parcel _____
<b>Zoning:</b>	Approved by _____	Denied by _____	Date _____	Denial Reason _____				
<b>Pending Items:</b>	C.O. _____	Fire _____	Health _____	Sanitation Service _____	State License _____	Insurance (Taxi/Limos) _____	Police _____	Other _____
<b>Business License Items:</b>	Primary ID# _____	Owner's ID# _____	Bill To ID# _____					

Type or Line(s) of Business to be conducted: \_\_\_\_\_

Business /Trade Name _____ Street Address: _____ City/State/Zip _____ Business Telephone # _____ E-Mail : _____ Bill To/Mailing Name: _____ Bill To /Mailing Address: _____ City/State/Zip: _____	Applicant's Name _____ Title: _____ <b>Ownership Type:</b> Single Owner/Sole Proprietor _____ Partnership _____ Owner(s) Name: _____ <b>Ownership Type :</b> Association ____ Corporation ____ LLC ____ Corporate or LLC Name: _____ State Where Incorporated: _____ Date Inc: _____ Agent's Name: _____ Title: _____ Owner/Agent's Home Address: _____ Owner/Agent's City/State/Zip: _____ Owner/Agent's Telephone (Home No.): _____
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**13 Applicant's must provide copies of driver's license or other Governmental Issued Photographic Identification with Application**

**14** DeKalb County Sanitation Account Number: \_\_\_\_\_ Private sanitation service name: \_\_\_\_\_

**15** Does your business have a Georgia Sales and Use Tax Number? Yes \_\_\_ No \_\_, If yes provide your Georgia Sales and Use Tax Number \_\_\_\_\_

**16** Will business be based out of your home? Yes \_\_\_ No \_\_\_\_\_. If yes, is a "Home Occupation Supplemental Registration Form" included? Yes \_\_\_ No \_\_\_\_

**17** Will your business be an adult entertainment establishment (sexually oriented business) as defined by the DeKalb County Code or does (will) it offer any form of adult entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_ See reverse side of this form for Code definitions.

**18** Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, attach written explanation.

**19 Georgia Open Records Act prohibits public viewing of gross receipts & number of employees. The public may view other information on this form.**

<b>20</b> DeKalb plus Georgia Gross Receipts (estimate)	\$ _____	X _____	\$ _____	
<b>21</b> Employee Fee (at least one, includes owner/operator)	# _____	X _____	\$ _____	
<b>22</b> Flat Fee of \$50.00. (except for professionals paying optional \$400)				<u>\$50.00</u>
<b>23</b> Administrative Fee (no refund or transfer)				<u>\$75.00</u>
<b>24</b> <b>Total Amount Due or Professional Option.</b> (\$400 per practitioner by O.C.G.A.)			\$ _____	

**25** This application must be executed under oath and notarized. I, \_\_\_\_\_, do solemnly swear that the information on this application is true, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all county ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually

**26** Signature \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

**27** Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**28** Notary Public Signature \_\_\_\_\_